

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
State Director John H. Magill

TRI-COUNTY COMMUNITY MENTAL HEALTH CENTER
Executive Director Michael F. Rooney

Spring 2013

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric
Hospital

William S. Hall Psychiatric
Institute (Child & Adolescents)

Morris Village Alcohol & Drug
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care
Center - Stone Pavilion
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care
Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric
Hospital

Richard M. Campbell
Veterans Nursing Home

Walterboro, SC

Veterans Victory House
(Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

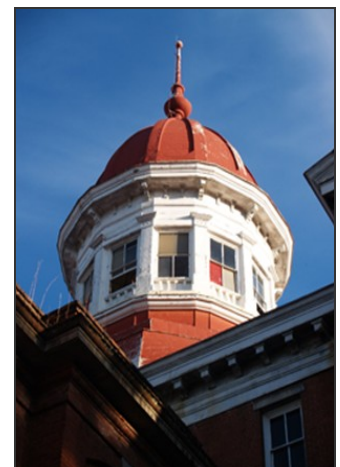
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE
WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



Tri-County Community Mental Health Center
1035 Cheraw Street
Bennettsville, SC 29512
843-454-0442

Counties Served: Chesterfield, Marlboro, Dillon

TRI-COUNTY COMMUNITY MENTAL HEALTH CENTER

In 1960, Mrs. Louise Lee and a small group of Marlboro County ladies began advocating for community care for those experiencing mental illness. Five years later, Tri-County Mental Health Clinic began operations in Bennettsville. With a staff of four, under the direction of Dr Al B. Harley, Jr., mental health care was made available locally to the citizens of Marlboro, Chesterfield, and Dillon Counties. It was not until 1970 that services were actually provided on a part-time basis in Chesterfield and Dillon Counties.

Over the years, Tri-County Community Health Center (TCCMHC) has been in many

locations, typically sharing space with other agencies or using available buildings, such as a courthouse basement, an old pharmacy, the Coachman 4 Club, a former carpet store, and an old vacant mortuary. Today, TCCMHC operates out of buildings that staff and clients helped design. Built specifically for mental health services, TCCMHC opened its Marlboro office in 1993, its Dillon Office in 1997, and its Chesterfield office in 2000.

Today, TCCMHC continues to provide mental health services to people of all ages. A staff of approximately 50 offers counseling, psychiatric assessment, medication man-

agement, crisis intervention, and other services to those experiencing serious mental illness and significant emotional disorders.

Since 1965, TCCMHC has provided more than 1,008,000 outpatient contacts/services. During fiscal year 2011, TCCMHC served 1,588 adults and 666 children; a total of 2,254 citizens of the Tri-County area received nearly 21,000 outpatient contacts/services.

All DMH facilities are licensed or accredited; TCCMHC has been nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1997.

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Numbers at a Glance for Fiscal Year 2011

	<i>Tri-County Community Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	1,588	59,427
<i>Child Outpatients Served</i>	666	30,058
<i>Total Outpatients Served</i>	2,254	89,485
<i>Population</i>	107,729	4,625,364
<i>Clinical Contacts Provided</i>	20,760	1,175,482
<i>School-Based Schools</i>	5	388
<i>Children Served by School-Based Programs</i>	125	12,064
<i>Supported Community Living Environments</i>	50	3,395





Michael F. Rooney,
Executive Director

MICHAEL F. ROONEY, EXECUTIVE DIRECTOR

TCCMHC Executive Director Michael F. Rooney earned his Bachelor degree in Psychology at the University of South Carolina in Columbia. He earned his Master's in Clinical Psychology from Georgia State University in Atlanta. He completed all requirements except dissertation for a Ph.D. through Georgia State University. One of these was completion of a Predoctoral Internship through the Vanderbilt University Veteran's Administration Medical Center Training Consortium.

After several decades of clinical, management, teaching, and research experience in both the public and private sectors treating mental illness and addictions in children, adults, and seniors, Rooney returned to SCDMH in 2003 as a case manager supervisor, and moved on to direct the Crisis Intervention Services for Santee-Wateree CMHC and accepted his current position in January, 2013.

With over 30 years of counseling and management experience, he's seen many changes over the years. He's a strong supporter of the implementation of the electronic medical records (EMR) system, school-based services grants, partnerships grown with other agencies, and he is especially proud of the work being done as a result of the Primary Care Behavioral Health Integration (PCBHI) project.

The PCBHI project is funded by a four-year grant from the Substance Abuse and Mental Health Services Administra-

tion (SAMSHA), which began in October of 2010. The PCBHI program allows TCCMHC to bring primary health care and laboratory services into the Center's three satellite clinics. In 2011, renovations took place at each of the clinics to provide for exam rooms, laboratories, nursing stations, and office space.

Included with the primary care services are wellness services. These services are provided by a DMH Wellness Educator Care Manager based in each of the three clinics. Services include Smoking Cessation classes, Stanford University's Chronic Care Self-Management groups, Eli Lilly Solutions to Wellness, and a series of six, monthly groups on topics including stress management, exercise, communication with one's physician, and other health related areas.

The primary care services are contracted to Federally Qualified Health Center (FQHC), Chesterfield General Hospital. The FQHC provides a primary care physician, LPN, LPN Embedded Care Manager, and a phlebotomist. Screenings for all clients include chronic disease risk factors, blood glucose levels, cholesterol levels, blood pressure, body mass index, tobacco use and substance abuse screening, diabetes, asthma, medication history, ob-gyn check-ups, and social support. An ongoing clinical registry has been developed to monitor health outcomes and reconcile services so that best practices and effective clinical pathways

in care management of both behavioral and primary health care can be identified.

In addition, the PBHCI program is engaged in the implementation of emerging Health Information Technology. These technological advances allow primary and behavioral healthcare professionals to quickly access much needed information so as to provide enhanced care coordination. Features will allow for electronic tests and laboratory results.

According to Rooney, even though the Center is small and rural, the people of the community are very involved. Each county, Marlboro, Chesterfield, and Dillon, has a strong Interagency Coordinating Council that meets monthly. These councils include members from state, county, and city government, state agencies, legislative officials, and members of the private sector. The goal of the councils is to work to combine resources to expand and/or improve services to the public.

Rooney is proactive in preparing for healthcare reform and encourages staff to obtain licensure. Also, he would like to explore ways to better attract psychiatrists to the area and to offer a more competitive salary as an off-set since recruitment is so difficult.

"TCCMHC is essential; there are no private practitioners in this area. The Center staff and I are dedicated to providing quality care and meeting the mental health needs of the community," said Rooney.

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CLIFFORD C. “CLIFF” MCBRIDE ESQ., BOARD CHAIR

Born in Dillon and raised in Hartsville, Clifford C. “Cliff” McBride, Esq., received his undergraduate degree from The Citadel and his Juris Doctorate from the University of South Carolina. As a Senior Staff Attorney for South Carolina Legal Services, he provides legal aid to low income individuals in need of legal services in six counties of the Pee Dee district. “I’m just a country lawyer,” said McBride.

An active member of the community, McBride’s been a dedicated member of the TCCMHC board for six years. His first official activities regarding mental health came in the late 1980s when

he was part of a task force that explored the need for and ways to provide housing for the chronically mentally ill in Darlington County. This service led him to become a board member of the Darlington County Independent Housing Corporation. The Corporation, with grant funding, currently has two properties and 15 apartment units for the mentally ill. With some of the same client base, joining the TCCMHC board was a natural fit.

According to McBride, more youth services and school-based counselors are needed. “If you catch and treat problems when people are young, their problems are apt to be

less severe in the future,” he said. Transportation is also a major problem for TCCMHC clients because Chesterfield, Marlboro, and Dillon counties span such a large geographic area.

“TCCMHC is blessed with great staff. If I could clone them and their cohesiveness I would. Community involvement with the Center is strong and TCCMHC’s Board is active and committed. However, I would like to see more county appropriations to support and acknowledge the excellent services rendered at TCCMHC,” said McBride.



Clifford C. “Cliff” McBride Esq.,
Board Chair

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TERESA CURRY, QUALITY ASSURANCE COORDINATOR

Dillon County native Teresa Curry has served as the Children, Adolescents, and Families (CAF) coordinator since 2007, and recently accepted the position of Quality Assurance coordinator. With a Bachelor’s degree in Business Administration and a Master of Arts in Counseling degree from Webster University, she began her career at the Center in 2004, when she was hired as a children’s counselor for the Dillon County Clinic.

A significant part of CAF coordination includes oversight of school-based services. During Curry’s time with the Agency, TCCMHC received several grant initiatives earmarked for service provision in schools. TCCMHC has received excellent feedback from school administrators,

guidance counselors, and teachers who have participated in the school-based program over the years. In rural areas, where funding even for teachers is very limited, TCCMHC has been unable to secure funding from the school districts to assist with service delivery.

Tri-County began its school-based program in 2002, with two mental health professionals who were shared among three schools in Dillon County. Due to a lack of a continued funding source, the positions ended at the end of that school year. In 2003, another grant funded a position at Bennettsville Middle School in Marlboro County, which was filled by several different mental health professionals over the years.

Currently, TCCMHC has four school-based counselors serving five schools, with at least one counselor in each of its three counties. Of those four positions, two will be funded by the State Funded Rural Initiative.

“Sustainability of positions beyond grant periods is our goal, but it’s an ongoing challenge. Recruitment and retention of staff are also difficult. I would like to see school-based services expand,” said Curry. “I’m going to miss working directly with school-based services, but becoming the Quality Assurance coordinator will give me an opportunity to expand my horizons. At TCCMHC there is a broad base of knowledge from which to learn.”



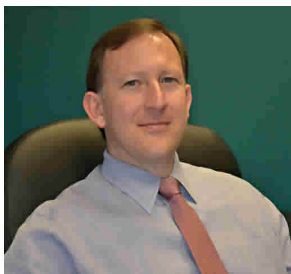
Teresa Curry,
Quality Assurance Coordinator

TCCMHC HAS
SCHOOL-BASED
COUNSELORS
SERVING LOCAL
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Robert Thomas,
Assistant Director

“WHEN
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Christian Barnes-Young,
PBHCI Grants Coordinator

ROBERT THOMAS, ASSISTANT DIRECTOR

Originally from Anderson, Bob Thomas is a Master's prepared clinician/administrator who, in 1980, began his career with TCCMHC in the Court Screening Diversion Program of the Center's Dillon County Clinic. He held subsequent positions as a Child, Adolescent, and Family (CAF) counselor, Dillon clinic director, CAF coordinator, and director of Consultation and Education. In 1989, he was named assistant director. With 31 years of experience at TCCMHC, he provides leadership and supervision of daily operations.

Many opportunities for service enhancement for people with mental illnesses and staff have involved Thomas' input. He has been a trainer

in Behavioral Emergency Stabilization for years. He provides psychological testing, training to the community on mental health topics, and has served on numerous community committees. The Center's programming in school-based services, juvenile justice, social services, mental health court, and drug courts began with assistance from Thomas. Administratively, the work order system, in-service tracking system, credentialing process, and data management system were developed under Thomas' leadership.

Thomas has multiple areas of responsibility. He's HIPAA privacy officer, Corporate Compliance officer, the client advocate, and volunteer coordinator.

Being a small, rural Center, TCCMHC has strong ties to the community. Service providers in the three counties work well together, as evidenced in existing community coordinating councils chaired by legislators. Thomas said, “We are viewed as accessible with close working relationships with many people and agencies in the community. This benefits our clients, in that they receive services that reflect a knowledge of what is available throughout the Tri-County area. These groups have been responsible for securing grants to develop services beyond what could be done without ongoing collaboration. It's made all the difference in the world.”

CHRISTIAN BARNES-YOUNG, PBHCI GRANTS COORDINATOR

As an undergraduate student, Christian Barnes-Young envisioned a time when behavioral and physical health care services could be combined to improve the whole health of individuals. Nearly 20 years later, he accepted a position that would allow him to do just that. The Primary Behavioral Health Care Integration (PBHCI) program at TCCMHC allows clients to receive affordable, high-quality physical health care and wellness interventions at the same place they come for their behavioral health care needs.

Barnes-Young earned a bachelor's degree in psychology from Coastal Carolina University and a master's degree in clinical psychology

from Francis Marion University. Prior to joining TCCMHC, he worked as a master's-level psychologist with the Department of Disabilities and Special Needs. He also held many positions at the Governor's Office: Continuum of Care for Severely Emotionally Disturbed Children. He is a licensed professional counselor and certified in primary behavioral health care integration by the University of Massachusetts, School of Medicine. He initially joined TCCMHC as the Children, Adolescents, and Families (CAF) services coordinator.

The PBHCI program is fully staffed and a new primary health care provider (Chesterfield General Hospi-

tal) now provides services. Just as primary health care has been integrated with behavioral health care services, the PBHCI program has become integrated with TCCMHC. The Center is quickly becoming known as an integrated health care facility.

Barnes-Young is committed to having the PBHCI program offer services that are affordable. He has worked to maximize grant funds and is focused sustaining the integration program by being cost effective.

The greatest praise the PBHCI program has to date is that TCCMHC clients have thanked the program for literally saving their lives.

MERLE HOPKINS, INFORMATION TECHNOLOGY ADMINISTRATOR

Jenny Merle Hopkins grew up in Mullins and graduated from Latta High School. She attended Frances Marion University for two years, where she studied Elementary Education. After getting married in 1976, she was hired at the TCCMHC Dillon clinic as a secretary. She programmed an idle computer to meet the

needs of clerical staff to better serve clients. Encouraged by this, she took computer courses at Florence/Darlington Technical College, and was named the Center's systems administrator in 1988.

Having been with the Center for 35 years, she saw firsthand

the plans for construction of the three new TCCMHC facilities. Merle said, "It was an exciting time watching TCCMHC grow from a small operation into a first class operation." Hopkins feels respected and valued at TCCMHC. She said, "We're like a family here."



Merle Hopkins,
Information Technology
Administrator

FLORA AVERY, DIRECTOR OF ADMINISTRATION

Director of Administration Flora Avery graduated from Coker College in 1976. She's held many positions at TCCMHC, including administrative assistant, therapeutic assistant, and clinical counselor. In 1979, Flora came to work at the Bennettsville Clinic as the business manager.

Flora "wears many hats." She manages procurement, time-keeping, debt set-offs, and supervises two administrative staff, who oversee billing and accounts payable. Flora prefers hands-on work and is hesitant to delegate before she fully understands the process herself. She said, "My motto is to know how to do something myself before asking

someone else to do it. I've seen the Center evolve from one of the poorest to one of the best. I'm proud of the progress made." Her suggestion for further improvement is to have a separate building for administrative purposes so that the space currently used could be turned into a wing for children's services.



Flora Avery,
Director of Administration

JEFF REECE, CEO, CHESTERFIELD GENERAL HOSPITAL

TCCMHC partners with many agencies and businesses in the community, including Marlboro Park Hospital (MPH) in Bennettsville, and Chesterfield General Hospital (CGH) in Cheraw. Both are facilities of the Hospital Corporation of America (HCA), and both have been led by Reece, who recently changed his position from CEO of the MPH, to CEO of CGH. He previously served as the Chief Nursing Officer at CGH, and has been associated with the HCA for over 13 years.

Having chosen a career in healthcare to serve those less fortunate, he obtained a Mas-

ter of Science in Nursing and a Masters in Business Administration to help him lead effectively in both the clinical and business side of health care provision.

Reece is concerned that CGH, as well as MPH are currently under-utilized and data indicates local patients are going outside the community for care. He attributes this to the misconception that "bigger is better." He went on to state that MPH consistently scores as high or higher as larger hospitals on measures of clinical service.

Although it's financially diffi-

cult to operate a rural hospital, especially as Medicaid continues to reduce rates, both CGH and MPH continue to find ways to grow. For example, MPH recently introduced a new Geriatric Psychiatric unit. "The new eight bed unit allows MPH to take more psychiatric admissions, benefiting both hospitals and clients by reducing the length of time a client has to wait to get a hospital bed. I'd like to admit patients not only from TCCMHC, but from other mental health centers across the state as well," said Reece.

"MPH and CGH have a good working relationship with TCCMHC, and I'd like to see us work together even more."



Jeff Reece, CEO,
Chesterfield General Hospital

TCCMHC
PARTNERS WITH
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TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

TRI-COUNTY COMMUNITY MENTAL HEALTH CENTER

Bennettsville Clinic

1035 Cheraw Street
Bennettsville, SC 29512
843-454-0442

Chesterfield Clinic

207 Commerce Avenue
Chesterfield, SC 29709
(843) 623-2229

Dillon Clinic

1324 Commerce Drive
Dillon, SC 29536
(843) 774-3351

WWW.TRICOUNTYCMHC.ORG

RECOVERY SPOTLIGHT

“FROM THE BACK DOOR TO THE FRONT DOOR”

BY – MARY L.

Let me begin by expressing my deepest desire to share my recovery story and to inspire all who read this to know that Depression is treatable, enjoying life again is possible, and most importantly that there is HOPE!

My son was killed by a drunk driver at the age of 22. I began my journey here at Tri-County Community Mental Health Center in 2000, only one month after his death. After suffering such a devastating loss, I found myself unable to function. I completely disconnected from my family and cut myself off from everyone. At my worst

I truly didn't care if I ever awoke from my sleep.

Through the persistence of my family and my sister, who continually reached out and motivated me, I have become active and now enjoy doing things. I am grateful for their persistence even as I resisted. Working for the Humane Society increased my passion for animals; my pets have been instrumental in my recovery.

The counselors and staff at TCCMHC have provided me with a host of tools, including therapy, support, medication, and an overall compassionate caring atmos-

phere. Dr. Sachdev, in conjunction with my case manager, Shawna McLellan, who never gave up on me, has equipped me to persevere and live life again. My participation in a year-long grief group at Tri-County provided phenomenal support and helped me see that I was not alone in my hurt and grief.

As I continue on my path to wellness and recovery, I allow myself to enjoy every experience, whether it's going to the grocery store, running errands, having my hair or nails done, or visiting my family. Through my

recovery process I have learned that I am fun, happy, and satisfied. Most importantly, I realized that I am stronger than I ever thought I was.

The title “From the Back Door to the Front Door” clearly indicates how much progress I have made. In the beginning I was always so upset and depressed that I could hardly face the waiting room or people but today I go out the front door smiling, speaking, and waving to everyone I come in contact with to show them there is HOPE.